SUMTER COUNTY SCHOOL BOARD
TRAVEL REIMBURSEMENT VOUCHER

Traveler: _____
Print legal name

Title: _____ **Emp#** _____

Work Center: _____

Traveled From: _____ **To:** _____ **Passengers:** _____
Point of Origin — Destination

Purpose of Travel: _____ **Location of Activity(Hotel, etc):** _____ **Driver of Vehicle:** _____

(B) Breakfast: $6.00 (travel begins **before** 6AM and extends **beyond** 8AM)
(L) Lunch: $11.00 (travel begins **before** 12PM and extends **beyond** 2PM)
(D) Dinner: $19.00 (travel begins **before** 6PM and extends **beyond** 8PM)

Meals and Mileage

Check meals "x" to be reimbursed

Date	Hr. Departed	Hr. Returned	B	L	D	Total	Mileage Claimed
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

Meals Total: -

Total Mileage Claimed: -
0.445

Mileage Reimbursed $ -

> **Meal reimbursement for overnight travel only**

Other Travel Expenses (Total Amounts)

Note:
ITEMIZED RECEIPTS
must be attached for reimbursable
expenses other than meals

Lodging	_____
Airfare	_____
Car Rental	_____
Parking/Tolls	_____
Registration	_____
Other (please specify):	
_____	_____
Per Diem	_____
Total Other Travel Expenses:	-
Meals Total:	-
Mileage Reimbursed	-
TOTAL REIMBURSEMENT : $	-

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

_____ _____
Traveler's Signature Date

_____ _____
Administrator's Signature Date

FUND   FUNC   OBJT   CNTR   PROJ   SUBP

Leave entered in Skyward ☐   Agenda attached ☐

_____ _____
Approved By: Date